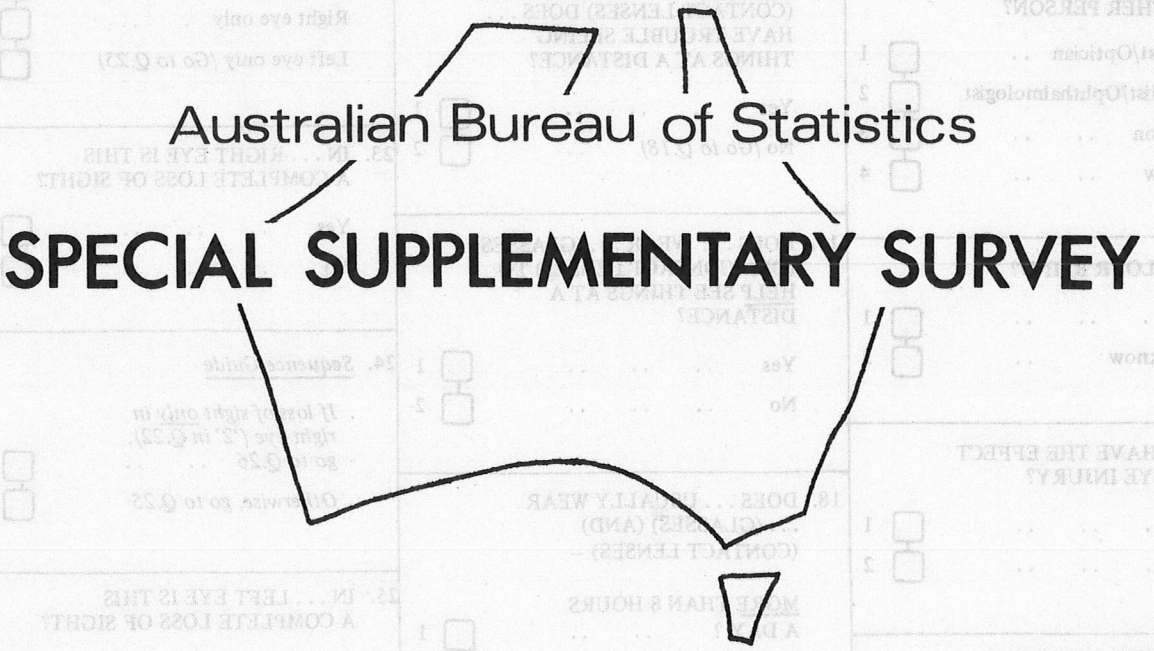
CONFIDENTIAL

1. SURVEY	1
PSU	
BLOCK	
DWELLING	
HOUSEHOLD	
PERSON	
2. SEX — Male	1
Female	2
3 AGE — YEARS	
4. S.D. **ONLY**	
Institutionalised person *(No more questions)*	1
Boarding school pupil selected at S.D. *(No more questions)*	2

Australian Bureau of Statistics

SPECIAL SUPPLEMENTARY SURVEY



child questionnaire 2 to14 years

5. THE NEXT FEW QUESTIONS ARE ABOUT . . . SIGHT.

(WITHIN THE LAST FIVE YEARS) HAS . . . HAD ANY SIGHT TEST OR EXAMINATION – AT SCHOOL OR ANYWHERE ELSE?

Yes 1
No *(Go to Q.9)* 2
Don't know *(Go to Q.9)* 3

6. HOW MANY YEARS AGO WAS . . . SIGHT LAST EXAMINED?

Less than 1 year 1
1 year to less than 3 years 2
3 years to 5 years . . 3

7. WAS . . . . LAST SIGHT TEST DONE BY THE SCHOOL HEALTH SERVICE OR BY SOMEONE ELSE?

School Health Service *(Go to Q.9)* 1
Someone else 2

8. WAS THIS TEST DONE BY AN OPTOMETRIST OR OPTICIAN, AN EYE SPECIALIST OR BY SOME OTHER PERSON?

Optometrist/Optician . . 1
Eye specialist/Ophthalmologist 2
Other person 3
Don't know 4

9. IS . . . COLOUR BLIND?

Yes 1
No/Don't know . . 2

10. DOES . . . HAVE THE EFFECT OF ANY EYE INJURY?

Yes 1
No 2

11. HAS . . . EVER HAD AN OPERATION ON . . . EYES TO HELP . . . SIGHT?

Yes 1
No 2

12. DOES . . . WEAR GLASSES OR CONTACT LENSES?

Yes 1
No *(Go to Q.20)* . . 2

13. HOW OLD WAS . . . WHEN . . . . FIRST STARTED WEARING (GLASSES) (OR) (CONTACT LENSES)?

Less than 10 years old 1
10 years old or more . . 2

14. WITHOUT . . . (GLASSES) (OR) (CONTACT LENSES) DOES . . . HAVE TROUBLE SEEING THINGS CLOSE UP, SUCH AS WHEN READING?

Yes 1
No *(Go to Q.16)* . . 2

15. DOES . . . WEAR . . . (GLASSES) (OR) (CONTACT LENSES) TO HELP SEE THINGS CLOSE UP?

Yes 1
No 2

16. WITHOUT . . . (GLASSES) (OR) (CONTACT LENSES) DOES . . . HAVE TROUBLE SEEING THINGS AT A DISTANCE?

Yes 1
No *(Go to Q.18)* . . 2

17. DOES . . . WEAR . . . (GLASSES) (OR) (CONTACT LENSES) TO HELP SEE THINGS AT A DISTANCE?

Yes 1
No 2

18. DOES . . . USUALLY WEAR . . . (GLASSES) (AND) (CONTACT LENSES) –

MORE THAN 8 HOURS A DAY? 1
4 TO 8 HOURS A DAY? 2

HOW OFTEN DOES . . . USUALLY WEAR . . . (GLASSES) (AND) (CONTACT LENSES)?

Never *(Go to Q.20)* . . 3
Less than once a week 4
At least once a week . . 5

19. DOES . . . HAVE ANY LOSS OF SIGHT IN ONE OR BOTH EYES THAT CAN NOT BE HELPED BY WEARING GLASSES?

Yes *(Go to Q.22)* . . 1
No *(Go to Q.26)* . . 2

20. DOES . . . HAVE ANY LOSS OF SIGHT IN ONE OR BOTH EYES?

Yes 1
No *(Go to Q.26)* . . 2

21. COULD THIS LOSS OF SIGHT BE HELPED BY GLASSES?

Yes *(Go to Q.26)* . . 1
No 2
Don't know 3

22. IS . . . LOSS OF SIGHT IN BOTH . . . EYES, . . . RIGHT EYE ONLY OR . . . LEFT EYE ONLY?

Both eyes 1
Right eye only 2
Left eye only *(Go to Q.25)* 3

23. IN . . . RIGHT EYE IS THIS A COMPLETE LOSS OF SIGHT?

Yes 1
No 2

24. *Sequence Guide*

. *If loss of sight only in right eye ('2' in Q.22), go to Q.26* 1
. *Otherwise, go to Q.25* 2

25. IN . . . LEFT EYE IS THIS A COMPLETE LOSS OF SIGHT?

Yes 1
No 2

26. THE NEXT FEW QUESTIONS ARE ABOUT . . . DENTAL HEALTH.

27. *Sequence Guide*

. *If aged 2 to 5 years, go to Q.30* 1

. *If aged 6 to 14 years, go to Q.28* 2

28. HAS . . . EVER WORN BRACES, BANDS OR A PLATE TO STRAIGHTEN . . . TEETH?

Yes 1

No *(Go to Q.30)* . . 2

29. IS . . . STILL WEARING THEM?

Yes *(Go to Q.31)* . . 1

No *(Go to Q.31)* . . 2

30. HAS . . . EVER SEEN A DENTIST, DENTAL TECHNICIAN, MECHANIC OR THERAPIST, OR ANYONE ELSE ABOUT . . . TEETH OR GUMS?

Yes 1

No *(Go to Q.41)* . . 2

Don't know *(Go to Q.41)* 3

31. HOW LONG AGO DID . . . LAST SEE ANYONE ABOUT . . . TEETH OR GUMS?

6 months ago or less . . 1

more than 6 months to 12 months 2

more than 12 months to 18 months 3

more than 18 months to 3 years *(Go to Q.39)* . . 4

more than 3 years to 5 years *(Go to Q.39)* . . 5

more than 5 years *(Go to Q.39)* 6

32. AT THE LAST VISIT DID . . . HAVE –

ANY TEETH TAKEN OUT? 1

AN X-RAY? 2

TEETH CLEANED OR POLISHED? 3

FLUORIDE TREATMENT OR COATING? . . 4

ANY FILLINGS? . . 5

None of these . . 6

33. AT THE LAST VISIT WHAT (OTHER) TREATMENT, IF ANY, DID . . . HAVE?

For braces/bands/plate 1

Other *(Specify)* _ _ _ _ _ _ _

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ 2

No (other) treatment . . 3

34. WITHIN THE LAST TWELVE MONTHS HOW MANY TIMES HAS . . . SEEN ANYONE ABOUT . . . TEETH OR GUMS?

None . . 1

Once . . 2

Twice . . 3

Three times . . 4

More than three times 5

35. HAS AN ACTUAL DATE BEEN SET FOR . . . NEXT VISIT?

Yes 1

No *(Go to Q.37)* . . 2

36. DOES . . . HAVE THIS APPOINTMENT JUST FOR A CHECKUP OR FOR SOME SPECIFIC REASON?

Checkup 1

Specific reason 2

37. DOES . . . GO FOR CHECKUPS FROM TIME TO TIME, OR DOES . . . ONLY SEE A DENTIST FOR SOME SPECIFIC REASON?

Checkup 1

Specific reason *(Go to Q.39)* 2

38. HOW FREQUENTLY DOES . . . GO FOR CHECKUPS?

Twice or more a year . . 1

About once a year 2

Other 3

39. *Sequence Guide*

. *If aged 2 to 10 years, go to Q.40* 1

. *If aged 11 to 14 years, go to Q.41* 2

40. AT WHAT AGE DID . . . FIRST GO TO SEE ANYONE ABOUT . . . TEETH OR GUMS?

Less than 3 years old . . 1

3 years to less than 5 years 2

5 years to less than 7 years 3

7 years old or more . . 4

Go to Q.41

41. THE NEXT FEW QUESTIONS ARE ABOUT . . . HEARING.

42. (WITHIN THE LAST FIVE YEARS) HAS . . . HAD ANY HEARING TEST – AT SCHOOL OR ANYWHERE ELSE?

- Yes 1
- No *(Go to Q.45)* . . 2
- Don't know *(Go to Q.45)* 3

43. HOW MANY YEARS AGO WAS . . . HEARING LAST EXAMINED?

- Less than 1 year . . 1
- 1 year to less than 3 years 2
- 3 years to 5 years . . 3

44. AT THIS LAST HEARING TEST WAS A MACHINE WITH HEADPHONES USED?

- Yes 1
- No 2
- Don't know 3

45. DOES . . . USE A HEARING AID?

- Yes *(Go to Q.49)* . . 1
- No 2

46. AT PRESENT, DOES . . . HAVE ANYTHING WRONG WITH . . . HEARING?

- Yes 1
- No *(No more questions)* 2

47. IS . . . HEARING PROBLEM CAUSED ONLY BY A BUILD UP OF WAX?

- Yes *(No more questions)* 1
- No 2
- Don't know 3

48. DOES . . . HAVE ANY TROUBLE HEARING WHAT PEOPLE SAY?

- Yes 1
- No *(No more questions)* 2

49. HOW OLD WAS . . . WHEN . . . FIRST HAD TROUBLE WITH . . . HEARING?

- Less than 1 year . . 1
- 1 year to less than 3 years 2
- 3 years to less than 5 years 3
- 5 years to less than 10 years 4
- 10 years old or more . . 5

50. WHAT CAUSED . . . TO HAVE TROUBLE WITH . . . HEARING?

- Congenital/hereditary (from birth) 1
- Own disease/illness . . 2
- Accident 3
- Other *(specify)* _____
- _____ 4
- _____

51. HAS . . . EVER HAD AN OPERATION ON . . . EARS TO HELP . . . HEARING?

- Yes *(No more questions)* 1
- No *(No more questions)* 2

52. *Office Use Only*

- A . . . . . ☐
- B . . . . . ☐